

WATER WELL RECORD

Form WWC-5

Division of Water Resources, App. No.

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number																																																																								
County: SEDGWICK		SE ¼ NW ¼ SW ¼		34	T 27S S	R 2E E/W																																																																								
Distance and direction from nearest town or city street address of well if located within city? 11518 EAST BELLAIRE AVE, WICHITA				Global Positioning System (decimal degrees, min. of 4 digits)																																																																										
2 WATER WELL OWNER: ERVIN RICHARDSON RR#, St. Address, Box # : 11518 EAST BELLAIRE City, State, ZIP Code : WICHITA, KS 67235				Latitude: _____																																																																										
				Longitude: _____																																																																										
				Elevation: _____																																																																										
				Datum: _____																																																																										
Data Collection Method: _____																																																																														
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>72</u> ft.																																																																												
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.																																																																												
		WELL'S STATIC WATER LEVEL <u>29</u> ft. below land surface measured on mo/day/yr _____																																																																												
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																												
		Est. Yield <u>28</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																												
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well																																																																												
		1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)																																																																												
		2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well																																																																												
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr _____																																																																												
		Sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No _____																																																																												
5 TYPE OF CASING USED:																																																																														
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile																																																																								
2 PVC		4 ABS		6 Asbestos-Cement		CASING JOINTS: Glued _____ Clamped _____																																																																								
		7 Fiberglass		9 Other (specify below) _____		Welded _____																																																																								
						Threaded _____																																																																								
Blank casing diameter <u>5</u> in. to <u>42</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																																														
Casing height above land surface <u>12</u> in., Weight <u>2.40</u> lbs./ft. Wall thickness or gauge No. _____																																																																														
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																														
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC																																																																								
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS																																																																								
				8 RM (SR)		11 Other (specify) _____																																																																								
				10 Asbestos-Cement		12 None used (open hole)																																																																								
SCREEN OR PERFORATION OPENINGS ARE:																																																																														
1 Continuous slot		3 Mill slot		5 Guaze wrapped		7 Torch cut																																																																								
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut																																																																								
						9 Drilled holes																																																																								
						11 None (open hole)																																																																								
						10 Other (specify) _____																																																																								
SCREEN-PERFORATED INTERVALS:																																																																														
From <u>42</u> ft. to <u>72</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																																																																								
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																																																																								
GRAVEL PACK INTERVALS:																																																																														
From <u>29</u> ft. to <u>72</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																																																																								
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																																																																								
6 GROUT MATERIAL:																																																																														
1 Neat cement		2 Cement grout		3 Bentonite		4 Other _____																																																																								
Grout Intervals From <u>3</u> ft. to <u>29</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																																																																								
What is the nearest source of possible contamination:																																																																														
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens																																																																								
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage																																																																								
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage																																																																								
						13 Insecticide Storage																																																																								
						14 Abandoned water well																																																																								
						15 Oil well/ gas well																																																																								
						16 Other (specify below) _____																																																																								
Direction from well? WEST		How many feet? <u>40</u>																																																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>TOP SOIL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>35</td> <td>LIMESTONE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>35</td> <td>72</td> <td>SHALE</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1	TOP SOIL				1	35	LIMESTONE				35	72	SHALE																																																			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-30-08</u> and this record is true to the best of my knowledge and belief.																																																																														
Kansas Water Well Contractor's License No. <u>740</u> This Water Well Record was completed on (mo/day/year) <u>8-78-08</u>																																																																														
under the business name of WENINGER DRILLING INC by (signature) _____																																																																														
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell .																																																																														